POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sinst		08 77 01
O.I.P.E. CLASSIFIER		10	1
FORMALITY REVIEW	TO	7/1175	10/00/01
RESPONSE FORMALITY REVIEW	017/5	ach	12/12/01
	1110	67,7	19,70

INDEX OF CLAIMS

	Rejected	N	***************************************	Non-elected
	Allowed	1	***************************************	Interference
_	(Through numeral) Canceled	Α		Appeal
÷	Restricted	_		

÷	Hestricted	0	Objected	
Çlaim Date	Claim	Date	Claim	Date
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3	53	++++	102	
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10	60		110	
12	61	+	111	
13	62	++++	112	
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15	65	 	114	+-
16	6	 	116	
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25	74		124	
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31	81		131	┦═┤╶┤ ╌┤ ┈ ┤╶┤
32	82		132	
33	83		133	
34	84		134	
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37	86		136	
38	88		137	
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40	90	- + - - 	139	
41	91	- - - - - 	141	
42	92		142	
43	93		143	-+++
44	94		144	
45	95		145	
46	96		146	
47 48	97		147	
49	98		148	
50	100	 	149	
	104		150	

If more than 150 claims or 10 actions staple additional sheet here

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